

Agenda Item Form

Agenda Date: MAY 25, 2004

Districts Affected: All

Dept. Head/Contact Information: Byron E. Johnson

Type of Agenda Item:

- | | | |
|--|---|--|
| <input type="checkbox"/> Resolution | <input type="checkbox"/> Staffing Table Changes | <input type="checkbox"/> Board Appointments |
| <input type="checkbox"/> Tax Installment Agreements | <input type="checkbox"/> Tax Refunds | <input type="checkbox"/> Donations |
| <input type="checkbox"/> RFP/ BID/ Best Value Procurement | <input type="checkbox"/> Budget Transfer | <input type="checkbox"/> Item Placed by Citizen |
| <input type="checkbox"/> Application for Facility Use | <input type="checkbox"/> Bldg. Permits/Inspection | <input type="checkbox"/> Introduction of Ordinance |
| <input type="checkbox"/> Interlocal Agreements | <input type="checkbox"/> Contract/Lease Agreement | <input type="checkbox"/> Grant Application |
| <input checked="" type="checkbox"/> Other <u>Sole Source</u> | | |

Funding Source:

- ☒ General Fund
- ☐ Grant (duration of funds: _____ Months)
- ☐ Other Source: Various

Legal:

- ☐ Legal Review Required Attorney Assigned (please scroll down): None ☐ Approved ☐ Denied

Timeline Priority: ☒ High ☐ Medium ☐ Low # of days: _____

Why is this item necessary:

Sole Source for Zoll Defibrillators

Explain Costs, including ongoing maintenance and operating expenditures, or Cost Savings:

Statutory or Citizen Concerns:

Departmental Concerns:

DATE: May 18, 2004

TO: Municipal Clerk

FROM: Byron E. Johnson, C.P.M.
Director of Purchasing x 4313

THRU: Aurora Wells
Interim Bid Clerk ext. 4038

CITY CLERK DEPARTMENT
MAY 18 2004 PM 1 01

Please place the following item on the **CONSENT** agenda for the Council Meeting of **MAY 25, 2004.**

Item should read as follows:

Request that the Director of Purchasing be authorized to issue sole source purchase orders as necessary to Zoll Medical Corporation. Zoll Medical Corporation is the sole source for designing, manufacturing and marketing of integrated line of proprietary non-invasive resuscitation devices, parts, accessories, and disposable electrodes including M series model Defibrillators/Monitors/Pacemakers. Contract period May 25, 2004 through May 24, 2005 and/or any extension thereof. Contract 2000-263.

Department: Fire Department
Funds available: 22010319-01101-503112
Funding source: Operating Account-Clinical & Medical Supplies
Total award: \$47,000.00 (estimated yearly)

Contact person: Ray Heredia, Procurement Analyst at 541-4316.

AGENDA FOR: **MAY 25,2004**

PURCHASING DEPARTMENT

DATE: May 18, 2004

TO: City Clerk

FROM: Byron E. Johnson

PURCHASING DEPARTMENT

Ray Heredia

4308/4316

Please place the following item on the Consent Council Agenda for the

Council Meeting of May 25, 2004.

Item should read as follows: Request that the Director of Purchasing be authorized to issue sole source Purchase Orders as necessary to **Zoll Medical Corporation**. Zoll Medical Corporation is the sole source for designing, manufacturing and marketing of integrated line of proprietary non-invasive resuscitation devices, parts, accessories, and disposable electrodes including M series model Defibrillators/Monitors/Pacemakers. Contract period May 25, 2004 through May 24, 2005 and/or any extension thereof. Contract 2000-263.

Award amount is \$47,000.00 Estimated Yearly

Funds available in: 22010319-01101-503-112

Fund Source: Operating Account - Clinical & Medical Supplies

Department: Fire

SPECIAL INSTRUCTIONS:

City Clerk's Use

ITEM NO. _____

ZOLL

ZOLL Medical Corporation

Worldwide Headquarters
269 Mill Road
Chelmsford, Massachusetts 01824-4105
U.S.A.

978 421-9665
978 421-0025 Main Fax

May 18, 2004

Ray Heredia, City of El Paso
2 Civic Center Plaza, 7th Floor
El Paso, TX 79999

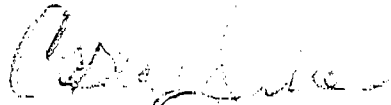
Mr Heredia,

This letter is to inform you that ZOLL Medical Corporation is the sole source for designing, manufacturing and marketing of an integrated line of proprietary non-invasive resuscitation devices, parts, accessories, and disposable electrodes including M series model Defibrillator/Monitor/Pacemaker.

I am available for product consultation and education on all ZOLL Medical products sold in the Arizona, New Mexico, and West Texas Region. Please feel free to contact me anytime for further information on any of ZOLL Medical products or services.

Thank you for your continued support in the ZOLL Medical Corporation Product Line.

Sincerely,



Casey Dove
EMS Territory Manager
800-242-9150 ext. 204